

PTO/SB/30 (05-04)

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## Request for Continued Examination (RCE) Transmittal

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/684520
Filing Date	15 October 2003
First Named Inventor	Mee-Ae RYU et al.
Art Unit	2879
Examiner Name	SANEI, Hana Asmat
Attorney Docket Number	P56897

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.  
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
  - ii.  Other \_\_\_\_\_
- b.  Enclosed
- |   |  |
|---|--|
| i. <input checked="" type="checkbox"/> Amendment/Reply    | iii. <input type="checkbox"/> Information Disclosure Statement (IDS) |
| ii. <input type="checkbox"/> Affidavit(s)/ Declaration(s) | iv. <input type="checkbox"/> Other _____                             |

2. **Miscellaneous**

- a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b.  Other \_\_\_\_\_

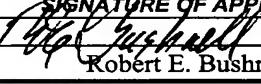
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- The Director is hereby authorized to charge the following fees, or credit any overpayment to Deposit Account No. 02-4943, *should* the check(s) become lost, be deficient, or should other fees be incurred.

- |   |                                     |
|---|-------------------------------------|
| i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e)                               | 11/28/2006 JADD01 00000028 10684520 |
| ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)                      | 01 FC:1801 790.00 OP                |
| iii. <input type="checkbox"/> Other _____   |                                     |
| b. <input checked="" type="checkbox"/> Check in the amount of \$ 790.00 (Check #51732) enclosed |                                     |
| c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)                     |                                     |

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature		Date	27 November 2006
Name (Print/Type)	Robert E. Bushnell	Registration No.	27,774

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature		Date
Name (Print/Type)		

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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Bushnell, Esq.</td> <td colspan="2">Reg. Number</td> <td colspan="2">27,774</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="2"></td> <td>Date</td> <td>27 November 2006</td> <td>Deposit Account User ID</td> <td></td> </tr> </tbody> </table>		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	<b>MISCELLANEOUS</b>						1801	\$790	2801	\$395	Request for continued examination (RCE)	\$790.00	1806	\$180			Submission of an IDS	\$	1814	\$130	2814	\$65	Statutory disclaimer	\$	8021	\$40			Recordation of assignment per property	\$	<b>TRADEMARK</b>						6001/7001			\$335	Application for registration, per class	\$	6002/7002			\$100	Amendment to Allege Use, per class	\$	6003/7003			\$100	Statement of Use, per class	\$	6004/7004			\$150	Request for six-month extension of time, per class	\$	6205/7205			\$100	\$8 affidavit, per class	\$	6208/7208			\$200	\$15 affidavit, per class	\$	6201/7201			\$400	Application for renewal, per class	\$	6403/7403			\$100	Ex parte appeal, per class	\$	<b>PETITION</b>						1462			\$400	Petitions to Director (Group I)	\$	1463			\$200	Petitions to Director (Group II)	\$	1464			\$130	Petitions to Director (Group III)	\$	1452	\$500	2452	\$250	Petitions to revive unavoidably abandoned application	\$	1453	\$1500	2453	\$750	Petitions to revive unintentionally abandoned application	\$	<b>PATENT MAINTENANCE</b>						1551	\$900	2551	\$450	Due at 3.5 years	\$	1552	\$2300	2552	\$1150	Due at 7.5 years	\$	1553	\$3800	2553	\$1900	Due at 11.5 years	\$	Other Fee (specify) _____		\$ _____		Other Fee (specify) _____ \$ _____		Other Fee (specify) _____		\$ _____		Other Fee (specify) _____ \$ _____		Other Fee (specify) _____		\$ _____		Other Fee (specify) _____ \$ _____		SUBTOTAL: LEFT COLUMN		\$00		SUBTOTAL: RIGHT COLUMN		\$790.00		SUBMITTED BY				Complete (if applicable)				Typed or Printed Name		Robert E. 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